MEN WHO HAVE SEX WITH MEN & HIV/AIDS

Men who have sex with men (MSM) account for the greatest portion of AIDS cases reported each year. In this population, most new cases are among men of color.

SURVEILLANCE

In 2000, an estimated 53 percent of reported adolescent and adult AIDS cases were related to the exposure category MSM.[1]

In large part due to antiretroviral therapies, both AIDS incidence and AIDS mortality among MSM have declined, but the rate of the decrease has slowed. AIDS incidence among MSM fell just 2.5 percent from 1999 to 2000, compared with 5.5 percent from 1998 to 1999.[2] AIDS mortality fell 48.6 percent from 1996 to 1997 and an additional 18.7 percent in 1998, but just 12.7 percent from 1999 to 2000.[3]

More than one-half (53.4 percent) of new AIDS cases for which the exposure category was MSM were among minorities in 2000. Blacks accounted for 33.5 percent; Hispanics, 18.2 percent; Asians/Pacific Islanders (A/PI),1.2 percent; and American Indians/Alaskan Natives (AI/AN), 0.4 percent.[1]

CRITICAL ISSUES

The HIV Cost and Services Utilization Study found that "compared with others in the nonelderly population, adult patients with HIV were about half as likely to be employed, to have a household income above the 25th percentile, or to have private insurance."[4]

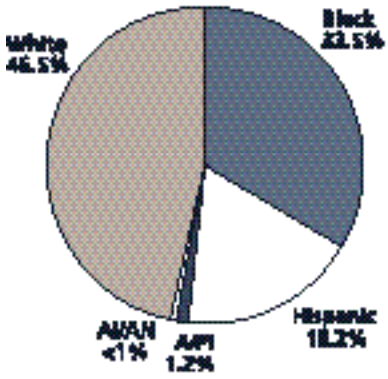
After a decline in AIDS morbidity and mortality and a substantial reduction in HIV incidence among MSM since the onset of the epidemic, evidence indicates a resurgence of risky behavior and extraordinarily high seroprevalence rates among some MSM populations. Phase II of the Young Men's Study examined MSM ages 23 through 29 who frequented certain public venues; 13 percent were HIV positive. Prevalence was a staggering 32 percent among blacks and 14 percent among Hispanics, compared with just 7 percent among whites.[5]

For many black MSM, sexual contact with a same-sex partner engenders feelings of shame and denial, which act as substantial barriers to acknowledging risk, processing prevention messages, and accessing HIV counseling and testing.

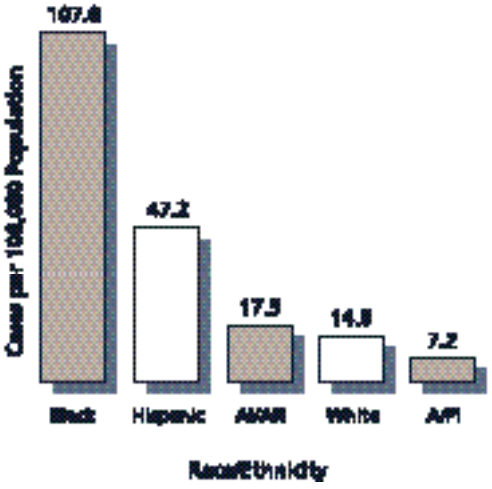
The threat of losing one's anonymity is an important barrier to care. Where individuals are likely to encounter family members and neighbors at a pharmacy or doctor's office, the specter of being "outed" can keep HIV-positive individuals out of care. More generally, MSM may not be willing to access care at a location they perceive to be "gay" or HIV/AIDS related.

Bisexual and heterosexual men may not identify with or feel comfortable with a "gay"-centered organization. Moreover, the cultural competency necessary for caring for MSM is not common among service providers.

Estimated AIDS Cases Among Adult and Adolescent MSM, 2000[1]



AIDS Rates Among Adult and Adolescent Males[6]



MSM & THE RYAN WHITE CARE ACT

The community of HIV-positive MSM seeking care today is much more diverse than it was when the epidemic emerged in the early 1980s. Problems associated with comorbidity, poverty, and lower levels of education are now much more common. For example, HIV among homeless MSM and those in correctional facilities is now a more widely recognized problem. Thus, providers must be attuned to needs related to multiple health problems, poverty, and access to services essential for staying in care over time.

Except for the Title IV program, which serves primarily women and children, MSM receive services through all CARE Act programs. The HIV/AIDS epidemic in the United States initially emerged among this population, and MSM were instrumental in collaborating with Congress to create and pass the CARE Act in 1990.

Today, CARE Act grantees are making a concentrated effort to bring MSM of color into care in the earlier stages of disease. Additionally, Title I and Title II grantees are striving to achieve greater involvement of MSM of color in the community planning process.

In collaboration with the African American AIDS Policy and Training Institute, the Asian and Pacific Islander American Health Forum, Bienstar, and the National Native American AIDS Prevention Center, HRSA's HIV/AIDS Bureau conducted a research project—including key informant interviews and structured roundtable discussions—to identify barriers to care for MSM of color and develop solutions. The results are informing the process through which HRSA and the CDC are collaboratively responding to the epidemic among young MSM of color.

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